

		For purposes of this document, underrepresented groups/diverse populations/diversity refer to persons of differing race, ethnicity, sex, gender, sexual orientation, religion, abilities, and socio-economic status.
		<u>Green= On Track; Yellow=On Track with Concerns; Red=Off-track; Purple=Completed</u>
C1.	Curriculum - Pre-clerkship	
1.1	Learning Pedagogy	
1.1.1.1a	IQ - Create patient IDs reflecting a diverse IQ patient population for Blocks 1-4 20-21	
1.1.1.1b	IQ - Create patient IDs reflecting a diverse IQ patient population for Blocks and Blocks 5, 6	
1.1.1.2	IQ - Create IQ learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care for a diverse population.	
1.1.2.1	Lecture - Create lecture learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care for a diverse population. Update lectures to remove language that pathologizes race, ethnicity, sex, gender, sexual orientation, religion, abilities, and socio-economic status) when inconsistent with scientific knowledge. (<i>Projects: 1 - Racial and ethnic diversity - Overall review of lectures by block; 2 - LGBTQ+ Block 4</i>)	
	Lecture - Create lecture learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care for a diverse population. Update lectures to remove language that pathologizes race, ethnicity, sex, gender, sexual orientation, religion, abilities, and socio-economic status) when inconsistent with scientific knowledge. (<i>Project: Racial and ethnic diversity - Block 5 Dermatology</i>)	
1.1.2.1	Lecture - Create lecture learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care for a diverse population. Update lectures to remove language that pathologizes race, ethnicity, sex, gender, sexual orientation, religion, abilities, and socio-economic status) when inconsistent with scientific knowledge. (<i>Project: Health Equity Bioethics</i>)	
1.1.3	TBL - Create TBL learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care of a diverse population.	
1.1.4	GARLA - Create GARLA learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care of a diverse population.	
1.1.5	Clinical Correlation and Immersion - Create additional Clinical Correlation and Immersion learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care of a diverse population. Block 4.	
1.2	Block 1 - Becoming a Doctor	
1.2.1	Diversity Sessions - Create diversity session framed around patient care for incoming medical students.	
1.3	Book Clubs	
1.3	Book Clubs - Block 1 and Block 8 will include book club discussions framed around books that promote understanding of healthcare disparities that impact underrepresented groups and diverse populations.	
1.4	Block 8 - Foundations of Clinical Medicine	

	1.4.1	Learning Objectives - Enhance learning objectives address healthcare disparities encountered by underrepresented groups, and that support delivery of optimum care for a diverse population. (TS, PD, and CW). (<i>Project: Increasing diversity in Block 8 Cases - Physical Diagnosis and FCM</i>)
	1.4.2	Activities - Incorporate more diversity discussions and bias training in Block 8 activities during pre-clinical years.
	1.5	Assessments
	1.5.1	SSEQs - Improve diversity in SSEQs to incorporate questions about health disparities. Block 5
	1.5.2	SEQs - Improve diversity in SEQs to incorporate questions about health disparities.
	1.5.3.1	GARLAQs - Improve diversity in GARLAQs to incorporate questions about health disparities.
	1.5.3.2	HP - Improve diversity in HP exam to incorporate questions about health disparities.
	1.5.4	Competencies - Develop educational objectives and milestones relating to diversity.
	C2.	Curriculum - Clerkship
	2.1	Clinical Didactics
	2.1.1	Clerkship Objectives - Add learning objectives and/or core clinical conditions that reflect experience caring for patients from underrepresented groups and diverse populations
	2.1.2	Didactic Learning Objectives - Create clinical didactic learning objectives that address cultural differences in patient interaction with the healthcare system and how these differences affect patient health.
	2.1.3	SAMI - Sciences and Art of Medicine, Integrated Learning Objectives - Create SAMI learning objectives that address healthcare disparities encountered by underrepresented groups, and that support the delivery of optimum care for a diverse population.
	2.2	Learning Environment
	2.2.1	M3 Microaggressions Workshop
	2.2.1.1	Implementation - Implement Patient Bias/Allyship workshop for rising M3 students. 20-21
	2.2.1.2	Evaluation - Evaluate student knowledge, attitudes, and skills pre - workshop, immediately post workshop, and 3 months post workshop. 20-21
	2.2.1.3	Revision Papers from a literature review on microaggressions/bias workshops at other medical schools will be analyzed and inform areas for improvement in the workshop. New facilitators, a new format, and new resources may be in consideration for future workshops.
	2.2.1.4	Re-Implementation - The workshop will be re-implemented for the rising M3's in June 2021. Students will provide feedback on the session based on pre- and post-workshop surveys. In addition to re-implementing the workshop, students will be made more aware of the reporting system for the clinical years.
	2.2.1.5	Dissemination - The results of the surveys and the data analysis will be disseminated to all curriculum deans in addition to the Vice Dean for Medical Education, Assistant Dean of Diversity, and the Dean of the School of Medicine and broadly to additional stakeholders. A manuscript will be written and submitted to a medical education journal for publication.

	C3.	Student Engagement
	3.1	SCME Diversity Affairs Rep - Formalize a position in SCME for a Diversity Affairs Representative. 20-21
	3.2	Student Committee Membership - Incorporate SCME Diversity Representative in Block Leader Meetings and select Design Team Meetings 20-21
	C4.	Faculty and Staff Development
	4.1	Initiate Faculty and staff development in microaggression/implicit bias/diversity and inclusion.
	4.1.1	Tuesday Seminars – Sustained Dialogue Training. 20-21 (<i>Project: Tuesday Seminar Facilitator Training</i>)
	4.1.2	IQ facilitators – Block by Block training in Microaggressions. 20-21
	4.1.3	TBL facilitators
	4.1.4	Lecturers
	4.1.5	Clerkship Directors: Cook Ross Training. 20-21
	4.1.6	Clerkship faculty or attendings
	4.1.7	Residents: Residents as teacher module
	4.1.8	Community Preceptors: iBook
	4.1.9	Clinical Skills Preceptors
	4.1.10	Block Leaders and Design Teams: Winter Block Leaders Retreat, iBook, Biased Book, Journal Clubs, May 6 Block leaders meeting on IAMSE "Creating Diverse Equitable and Inclusive Content in Health in Medical Education" webinar, and Upstate Biased Checklist
	4.1.11	Admissions Interviewers (<i>Project: Correlation Demographics and Reasons for Declined Acceptance CWRU SOM</i>)
	4.1.12	Staff
	4.1.13	Research mentors
	4.2	Expansion of Teaching Pool
	4.2.1	Potential Educators - Create list of local potential educators who can teach about topics that support the delivery of optimum care for a diverse population (e.g., health disparities, systemic racism, gender/sex/ability group specific care).
	4.2.2	Role Model Diversity - Create list of local potential educators who role model diversity.
	4.2.3	Encourage Preceptor Pairing - Develop an approach to encourage preceptor pairings that reflect diversity of thought, or diversity of philosophy/life experience (e.g., in FCM Seminars).
	4.3	Recruitment and Retention - Support diverse hiring practices for faculty and administration and express the need for additional support staff to hold curriculum and other departments accountable for implementation of diversity & inclusion changes. 20-21

	C5.	Program Evaluation
	5.1	Reporting Processes – Establish the organization of each reporting process (i.e., flow charts) and procedures for reporting and reviewing student concerns about curriculum materials and delivery, (e.g., lectures, learning objectives, IQ cases, etc.), mistreatment, and microaggressions.
	5.2	Reporting: Mechanisms – Develop appropriate data collection techniques for reporting student concerns about curriculum materials and delivery, mistreatment, and microaggressions. Determine all possible locations to place data collection instruments. Implement data collection instruments.
	5.3	Reporting: Support for Students – Develop training tools and instructions for reporting; Identify key persons and resources that can help students who need to report concerns about curriculum materials and delivery, mistreatment, and microaggressions.
	5.4	Reporting: Internal Reviewers – Identify key persons who should be involved in reviewing reports regarding concerns. Establish a multi-level review process when a report is filed regarding curriculum materials and delivery, mistreatment, or microaggression concerns.
	5.5	Reporting: External Reviewers - Identify individuals who can objectively review feedback (e.g., individuals not associated with the course/block/clerkship) to identify areas of concern and reports by students related to diversity. Determine how external reviewers function within the reporting and analyses procedures.
	5.6	Reporting: Analyses – Establish procedures for reviewing all reporting results for trends with specific attention to the relative weight of reports related to demographic characteristics.
	5.7	Distribute: Report Findings - Determine several methods for disseminating a report outlining the progress and impact of curricular and diversity initiatives over time and whether there has been improvement.
	C6.	Institutional Leadership Commitment
	6.1	Diversity Leadership - Support the recruitment of diversity leadership to identify and address needs for curriculum improvements that support the delivery of optimum care to a diverse population.